

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Michael J. Heller et al.  
 Serial No. : 09/358,788 Examiner: Betty Forman  
 Filed : July 22, 1999 Group Art Unit: 1634  
 For : METHOD FOR THE ELECTRONIC ANALYSIS OF A SAMPLE OLIGONUCLEOTIDE SEQUENCE

COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Date: February 21, 2012

Sir:

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously-established.

A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For <sup>1</sup>	Number of Extra Claims Presented	RATE		FEE	
				Small Entity	Other Entity	Small Entity	Other Entity
Total Claims	7	* 20 =	*** 0 X	\$30	\$60	0	
Independent Claims	2	** 3 =	0 X	\$125	\$250	0	
Multiple Dependent Claim(s) Presented For First Time Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				\$225	\$450	0	
				TOTAL ADDITIONAL FEE		\$ 0	

- The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
- \* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- \*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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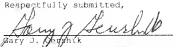
The following are also enclosed:

- ☐ One additional copy of this Amendment Transmittal Letter
- ☐ Return Receipt Postcard
- ☐ An Information Disclosure Statement, including Form PTO-144 9  
(Copies of citations included: yes ☐ No ☐  
and a fee of \$ ☐ included)
- ☒ A Petition for an Extension of Time, including a fee of  
\$ 75 for a Petition for 1 Month(s) Extension of Time
- ☒ Other (identity): Request for Continued Examination (\$465.00)

THE TOTAL FEE DUE IS \$540.00.

- ☐ A check in the amount of \$ ☐ is enclosed.
- ☒ Please charge Deposit Account No. 03-3125 in the amount of  
\$540.00.
- ☒ The Commissioner is hereby authorized to charge any additional fees  
required or credit any overpayment to Deposit Account No. 03-3125 as  
follows:
- ☒ Fees under 37 C.F.R. 41.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. 41.17

Respectfully submitted,

  
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